Federal Communication Washington, D.C. 205			Approved 3060-0390 (A	by OMB	FOR FCC USE OF CODE NO. B39		0001116.	AJV
BROADCA	ST STATION	ANNUAL	EMPLOYM	ENT		·		
		PORT						
SECTION I								
Legal Name of th TICHENOR LIC	e Licensee ENSE CORPORA	ATION						
Mailing Address 200 EAST BASS	E ROAD	"	<u>-</u>			-		
City SAN ANTONIO				State or address) TX	Country (if for	eign	Zip Cod 78209 -	
Telephone Numb 2108222828	er (include area co	ode)			Address (if avai	ilable)		
2100222020		Facility 40777	ID Number		Call Sign KBFM			
SECTION II			- <u> </u>					1
A. TYPE OF RESPONDENT:	0	nmercial Broadd Radio IV Low Power TV International	east Station	C Edu	nmercial Broa leational Radio leational TV		ation	Headquarters O HQ
Stations Location	ıs]		Station Li	ist		***************************************	······································	······································
	location of all stati r more employees		loyees are on th	is report.	This should in	clude co	ommonly o	owned stations
Call Sign	Facility ID			Туре		1	Loca	
KGBT	6706	57	<u> </u>	applicat		 	(City/S	
			<u> </u>	7 1.141		<u> </u>		
Call Sign	Facility II) Number	(che	Typ ok applic	e cable box)			cation /State)
KGBT	660	62	0,	4M € F	M O TV		MCAL	LEN, TX
Call Sign	Facility ID	Number	(check	Type applicab	le box)		Local (City/S	
KIWW	6707	2		[© FM			HARLING	
Call Sign	Facility ID N							
Court Differ II	Lactity ID 14	umber	T	ype			Locatio	n '

KTEX	64631	C AM O FM C TV	BROWNSVILLE, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KBFM	40777	O AM O FM O TV	EDINBURG, TX

SECTION III	
A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000	
B. CHECK APPLICABLE BOX	
Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)	ly
Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of f and certification statement and return to FCC)	form

SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association, or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

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(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name RICK WOLF
Title VP, CORPORATE COUNSEL	Telephone No. (include area code) 210-832-33
Date 11/15/2000	

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA

[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA

	MALE			· · · · · · · · · · · · · · · · · · ·	
TOTAL	WHITE	BLACK	HISPANIC	ASIAN OR	AMERICAN
(a-j)	(NOT	(NOT	(c)	PACIFIC	INDIAN,

	Job Categories		HISPANIC) (a)	HISPANIC) (b)		ISLANDER (d)	ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS	5	2		1		<u>(</u>
2.	PROFESSIONALS	18	4		8		
3.	TECHNICIANS	1	1			•	
4.	SALES WORKERS	7	2		I		
5.	OFFICE & CLERICAL	4			1		
6.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)						
L	LABORERS (UNSKILLED)						:
L	SERVICE WORKERS						į
10.	TOTAL	35	9		11		

			FEMALE				
	Job Categories		WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
	OFFICIALS & MANAGERS		1		1		
	PROFESSIONALS TECHNICIANS				6]	
4.	SALES WORKERS	1	1		3		
	OFFICE & CLERICAL		·		3		
6.	CRAFT WORKERS (SKILLED)				•	-	,
7.	OPERATIVES (SEMI-SKILLED)						
8.	LABORERS (UNSKILLED)						
	SERVICE WORKERS			_		_	
10.	TOTAL	<u> </u>	2		13]	

B. PART-TIME PAID EMPLOYEE DATA

[Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

PART-TIME PAID EMPLOYEE DATA

(1	otal a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
	6	2	-	2		
	6	2		.2		
	6	2			ļ	
		,				
		,				
ĺ						
	6	2	1	2		
						·
		FEMALE				
	:	TOM)	(NOT	(h)	PACIFIC	AMERICAN INDIAN, ALASKAN NATIVE (i)
	ì	1	l	1		
	J					
l	ļ					
	į			·		
	Į					1
	j					
	ļ					
	1			,		
	ŀ	1 7	ſ	1		į
	······································	······································		***************************************	,	
		Information [E	Exhibit 1]			
	A		FEMALE WHITE (NOT HISPANIC) (f) 1 Additional Information [E	FEMALE WHITE (NOT HISPANIC) (f) (g) 1 Additional Information [Exhibit 1]	FEMALE WHITE (NOT (NOT (IN)) HISPANIC) (g) 1 1 1 Additional Information [Exhibit 1]	FEMALE WHITE (NOT (NOT HISPANIC) (f) (g) (i) PACIFIC ISLANDER (i) 1 1 1

Exhibits

Federal Communications Commission Washington, D.C. 20554

BROADCAST STATION ANNUAL EMPLOYMENT

FOR FCC USE ONLY

соре но ВЗ95В - 20001116АН

Approved by OMB 3060-0390 (April 2000)

			· · · · · · · · · · · · · · · · · · ·
SECTION I			
Legal Name of the L			
	SE CORPORATION	· · · · · · · · · · · · · · · · · · ·	
Mailing Address 200 EAST BASSE R City	ROAD		-
City		State or Country (if foreign	Zip Code
SAN ANTONIO		address)	7 82 09 - 8328
Telephone Number (include area code)	TX	
21082 22828	include area code)	E-Mail Address (if available)
	Facility ID 36948	Number Call Sign KAMA	
SECTION II			
A. TYPE OF	Commercial Broadcast	Station Noncommercial Broadcast	Station Headquarters
RESPONDENT:	Radio	C Educational Radio	O HO
	C TV	© Educational TV	" 11Q
	C Low Power TV	" Educational 1 V	
	C International		
tations which share o	ocation of all stations whose employees.	noyees are on this report. This should me	which commonly owned
stations which share of Stations Locations]	one or more employees. ation of all stations those employe	Station List es are on this report. This should include	
tations which share of Stations Locations]	one or more employees. ation of all stations those employe	Station List es are on this report. This should include	commonly owned stations
stations which share of Stations Locations] List call sign and location share one or m	one or more employees. ation of all stations those employe	Station List es are on this report. This should include Type (check applicable box)	commonly owned stations
Stations which share of Stations Locations] List call sign and loca which share one or m Call Sign	ation of all stations those employes. Facility ID Number	Station List es are on this report. This should include	commonly owned stations Location (City/State)
cist call sign and local vhich share one or m Call Sign KBNA	ation of all stations those employes. Facility ID Number 67065	Station List es are on this report. This should include Type (check applicable box) AM O FM O TV Type	commonly owned stations Location (City/State)
stations which share of Stations Locations] ist call sign and location share one or m Call Sign	ation of all stations those employes. Facility ID Number	Station List es are on this report. This should include Type (check applicable box) • AM © FM © TV	Location (City/State) EL PASO, TX
stations which share of Stations Locations] List call sign and location share one or m Call Sign KBNA	ation of all stations those employes. Facility ID Number 67065	Station List es are on this report. This should include Type (check applicable box) AM O FM O TV Type	Location (City/State) EL PASO, TX Location
call Sign KBNA Call Sign KBNA	ation of all stations those employes. Facility ID Number 67065 Facility ID Number	Station List es are on this report. This should include Type (check applicable box) AM OFM OTV Type (check applicable box)	Location (City/State) EL PASO, TX Location (City/State)
stations which share of Stations Locations] List call sign and locations are one or m Call Sign KBNA Call Sign	ation of all stations those employes. Facility ID Number 67065 Facility ID Number	Station List es are on this report. This should include Type (check applicable box) AM OFM OTV Type (check applicable box) Check applicable box) Type Type	Location (City/State) EL PASO, TX Location (City/State) EL PASO, TX Location (City/State) EL PASO, TX
tations which share of Stations Locations] List call sign and location share one or m Call Sign KBNA Call Sign KBNA Call Sign	ation of all stations those employes ore employees. Facility ID Number 67065 Facility ID Number 67066 Facility ID Number	Station List es are on this report. This should include Type (check applicable box) AM OFM OTV Type (check applicable box) Check applicable box) OAM FM OTV	Location (City/State) EL PASO, TX Location (City/State) EL PASO, TX
cist call sign and local sign Call Sign KBNA Call Sign KBNA	ation of all stations those employes. Facility ID Number 67065 Facility ID Number 67066	Station List es are on this report. This should include Type (check applicable box) AM OFM OTV Type (check applicable box) Check applicable box) Type Type	Location (City/State) EL PASO, TX Location (City/State) EL PASO, TX Location (City/State) EL PASO, TX
Stations Which share of Stations Locations] List call sign and loca which share one or m Call Sign KBNA Call Sign KBNA Call Sign KHEY	ation of all stations those employe ore employees. Facility ID Number 67065 Facility ID Number 67066 Facility ID Number	Station List es are on this report. This should include Type (check applicable box) AM O FM O TV Type (check applicable box) O AM O FM O TV Type (check applicable box) AM O FM O TV	Location (City/State) EL PASO, TX Location (City/State) EL PASO, TX Location (City/State) EL PASO, TX
call Sign KBNA Call Sign Call Sign	ation of all stations those employes ore employees. Facility ID Number 67065 Facility ID Number 67066 Facility ID Number	Station List es are on this report. This should include Type (check applicable box) AM C FM C TV Type (check applicable box) C AM FM C TV Type (check applicable box)	Location (City/State) EL PASO, TX Location (City/State) EL PASO, TX Location (City/State) EL PASO, TX

KPRR Call Sign Facility KTSM Call Sign Facility KTSM Call Sign Facility Facility	y ID Number 68688 y ID Number 67771	Type (check applicable box) C AM FM C TV Type (check applicable box) AM FM C TV	Location (City/State) EL PASO, TX Location (City/State) EL PASO, TX
KPRR Call Sign Facility KTSM Call Sign Facility KTSM Call Sign Facility Facility	68688 y ID Number 67771	(check applicable box) C AM FM C TV Type (check applicable box) AM C FM C TV	(City/State) EL PASO, TX Location (City/State)
Call Sign Facility KTSM Call Sign Facility KTSM Call Sign Facility	y ID Number 67771	Type (check applicable box) • AM • FM • TV	Location (City/State)
KTSM Call Sign Facility KTSM Call Sign Facility	67771	(check applicable box) • AM • FM • TV	(City/State)
KTSM Call Sign Facility Call Sign Facility Call Sign Facility	67771	(check applicable box) • AM • FM • TV	(City/State)
Call Sign Facility KTSM Call Sign Facility			EL PASO, TX
KTSM Call Sign Facility			
KTSM Call Sign Facility	TO M.		
Call Sign Facility	ID Number	Type (check applicable box)	Location (City/State)
	67762	C AM © FM C TV	EL PASO, TX
KAMA	y ID Number	Type (check applicable box)	Location (City/State)
	36948	© AM C FM C TV	EL PASO, TX
ECTION III A. PAYROLL PERIOD COVERI		RT (DATE) 9/30/2000	
B. CHECK APPLICABLE BOX C Fewer than five full-time emp		nt unit during the selected payroll period	Complete nage one only
and certification statement and Five or more full-time employ		If mut antitik are selected balteria berren	

SECTION IV CERTIFICATION

and certification statement and return to FCC)

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(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Signed	Print Name
	RICK WOLF
Tide VP, CORPORATE COUNSEL	Telephone No. (include area code) 210-832-33
Date	

•				
11/15/2000	•	ı		
				

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA

[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA

L			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
L.	OFFICIALS & MANAGERS	13	9		1		(6)
	PROFESSIONALS	19	9		4		
	TECHNICIANS	5		2		l	
	SALES WORKERS	17	4		2		
	OFFICE & CLERICAL	10			2		
	CRAFT WORKERS (SKILLED)		.	ľ	·····		
7.	OPERATIVES (SEMI-SKILLED)						
	LABORERS (UNSKILLED)						
	SERVICE WORKERS						
10.	TOTAL	64	22	ſ	11		

		FEM	IALE			
	Job Categories	WHI (NO HISPA (f)	OT (NOT NIC) HISPANIC	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
	OFFICIALS & MANAGERS	3		_1		V2
	PROFESSIONALS	4		1]	1
	TECHNICIANS	1		2		·
	SALES WORKERS	2	1	8		
	OFFICE & CLERICAL	2		6		
	CRAFT WORKERS (SKILLED)		· <u>-</u>			
	OPERATIVES (SEMI-SKILLED)					j
8.	LABORERS					

(UNSKILLED)	<u> </u>
9. SERVICE WORKERS	
10.TOTAL	12 1 17 1

B. PART-TIME PAID EMPLOYEE DATA

[Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

PART-TIME PAID EMPLOYEE DATA

		•	MALE		 		
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS						
	PROFESSIONALS	15	2	2	6	1]
3.	TECHNICIANS	9	2	1	4		
	SALES WORKERS					_	
	OFFICE & CLERICAL	8	2	1	2		
6.	CRAFT WORKERS (SKILLED)					•	ı
	OPERATIVES (SEMI-SKILLED)						
	LABORERS (UNSKILLED)						
	SERVICE WORKERS						, i
10.	TOTAL	32	6	4	12	1	

		 FEMALE				
	Job Categories	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	PACIFIC	AMERICAN INDIAN, ALASKAN NATIVE (j)
2. 3. 4.	OFFICIALS & MANAGERS PROFESSIONALS TECHNICIANS SALES	2		2		
5. 6.	WORKERS OFFICE & CLERICAL CRAFT WORKERS (SKILLED)	2		1		

~~	~ ~	- •	
CD	H١	Pri	nt

Page 5 of 5

7.	OPERATIVES	1	1		[l	1		
	(SEMI-SKILLED)			į]			
8.	LABORERS								
<u> </u>	(UNSKILLED)								
9.	SERVICE	Ì							
L	WORKERS								
10	TOTAL		5]	4		į		
Additional Information [Exhibit 1]									
10020000	······································	***************************************		***************************************		***************************************	***************		
	hibits								

Washington, D.C. 2	ntions Commission 0554		Approved 3060-0390 (A	by OMB	r fcc use only de no.B395B - 200	001116ABY	
BROADC	AST STAT	ION ANNU REPORT	JAL EMPLOYM	ENT	7 1 7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	=
SECTION I							
Legal Name of		(C) I					
HBC LICENSE Mailing Addres	S	ION			·		
200 EAST BAS City	SE RD			State or C	country (if foreign	Zin Codo	
SAN ANTONIO)			address)	ountry (11 foreign	Zip Code 78209 - 8328	
Telephone Num 2108222828	ber (include ar	ea code)			ddress (if available)	<u> </u>	
21082228			Facility ID Number 34425	<u>.</u>	Call Sign KFI		
SECTION II		Commercial 1	Broadcast Station	Noncom	annial Decade at State	17-4	_4
	A. TYPE OF RESPONDENT: Commercial Br Radio TV Low Power Internationa		er TV	C Educational Radio C Educational TV		ion Headqua CHQ	ners
Stations Location	ons]	<u></u>	Station Li		:	······································	
ist call sion and	91			8T			······
			e employees are on the		nis should include cor	nmonly owned sta	tions
		yees.	Type	s report. Th	I	ocation	tions
vhich share one Call Sign	or more emplo Facility II) Number	Type (check applica	s report. Th	I (C	Location City/State)	tions
which share one	or more emplo) Number	Type	s report. Th	I (C	ocation	tions
which share one Call Sign	or more emplo Facility II 585) Number	Type (check applica	s report. The ble box) 1 C TV Type	CANYON	Location City/State) COUNTRY, CA Location	tions
which share one Call Sign KIIS	or more canple Facility II 585 Facility	oyees. Number 521	Type (check applica	s report. The	CANYON	Location City/State) I COUNTRY, CA	tions
call Sign KIIS Call Sign	Facility II	Number 521 ID Number 59958	Type (check applica	s report. The ble box) 1 C TV Type oplicable bo	CANYON	Location City/State) I COUNTRY, CA Location (City/State)	tions
Call Sign Call Sign Call Sign KLAC Call Sign	Facility II	Number 521 D Number	Type (check applica	s report. The ble box) 1 C TV Type oplicable bo	CANYON OX) LOS	Location City/State) I COUNTRY, CA Location (City/State)	tions
Call Sign KIIS Call Sign KLAC	Facility Facility Facility	Number 521 ID Number 59958	Type (check applica AM C FA (check applica C AM (check applica	s report. The ble box) A C TV Type oplicable book of FM C T	CANYON OX) TV LOS (X)	Location City/State) I COUNTRY, CA Location (City/State) S ANGELES, CA Location	tions

KXTA	19219	• AM C FM C TV	LOS ANGELES, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
K261	70039	O AM © FM O TV	NEW HALL, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
K280	14241	O AM O FM O TV	THOUSANDS OAKS, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
K292	34426	C AM C FM C TV	SIMI VALLEY, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KACD	33902	C AM © FM C TV	SANTA MONICA, CA
			<u> </u>
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KBCD	33904	C AM C FM C TV	NEWPORT BEACH, CA
<u> </u>			
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KBIG	6360	C AM © FM C TV	LOS ANGELES, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KCMG	35022	C AM © FM C TV	LOS ANGELES, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KIIS	19218	C AM O FM C TV	LOS ANGELES, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KKBT	70038	O AM O FM O TV	LOS ANGELES, CA
		4	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLVE	35086	C AM © FM C TV	LOS ANGELES, CA
<u> </u>		* VIAI * LIAI * I A	
n H	!!		u

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KOST	34424	C AM O FM C TV	LOS ANGELES, CA	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KRCD	1025	C AM © FM C TV	INGLEWOOD, CA	
Call Sign Facility ID Number		Type (check applicable box)	Location (City/State)	
KRCV	19088	C AM ® FM C TV	WEST COVINA, CA	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KSCA	24548	C AM © FM C TV	GLENDALE, CA	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KYSR	36019	C AM © FM C TV	LOS ANGELES, CA	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KFI	34425	● AM C FM C TV	LOS ANGELES, CA	

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000

B. CHECK APPLICABLE BOX

- Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

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(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct

Signed	Print Name RICK WOLF
Title VP, CORP COUNSEL	Telephone No. (include area code) 2108323322
Date 11/15/ 2 000	

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA

[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA

			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS	60	33	2	4	1	1
2.	PROFESSIONALS	72	40	4	5		
	TECHNICIANS	40	21	6	7	2	}
	SALES WORKERS	80	23	5	2	2	
	OFFICE & CLERICAL	88	14	2	13	3	
	CRAFT WORKERS (SKILLED)					-	'
7.	OPERATIVES (SEMI-SKILLED)						i
	LABORERS (UNSKILLED)						
	SERVICE WORKERS	1			1		
10.	TOTAL	341	131	19	32	8	1

		FEMALE	
	Job Categories	WHITE BLACK HISPANIC ASIAN OR (NOT (NOT HISPANIC) HISPANIC) (f) (g) (i)	NATIVE
L	OFFICIALS & MANAGERS	12 1 2 4	(1)
	PROFESSIONALS	16 3 3 1	
	TECHNICIANS	1 1 2	
	SALES WORKERS	35 1 9 3	
5.	OFFICE & CLERICAL	26 4 14 10	2

	CRAFT WORKERS (SKILLED) OPERATIVES (SEMI-SKILLED)					
8.	LABORERS (UNSKILLED)					
	SER VICE WORKERS					
10.	TOTAL	90	10	30	18	2

B. PART-TIME PAID EMPLOYEE DATA

[Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

PART-TIME PAID EMPLOYEE DATA

			MALE		····		
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS						
2.	PROFESSIONALS	42	26	2	2	}	
3.	TECHNICIANS	41	28	1	8	1	
	SALES WORKERS						
	OFFICE & CLERICAL	87	28	3	22		
	CRAFT WORKERS (SKILLED)			 		•	
7.	OPERATIVES (SEMI-SKILLED)	1		•	1		
8.	LABORERS (UNSKILLED)			•		•	
9.	SERVICE WORKERS	1			1		
10.	TOTAL	172	82	6	34	1	

		FEMALE
	Job Categories	WHITE BLACK HISPANIC ASIAN OR AMERICA (NOT (NOT (II) PACIFIC INDIAN HISPANIC) HISPANIC) ISLANDER ALASKAI (f) (g) (i) NATIVE
	OFFICIALS & MANAGERS	
2.	PROFESSIONALS	9 1 2
3.	TECHNICIANS	2 1
4.	SALES	

Exhibits

WORKERS	_				
OFFICE & CLERICAL	19	2	9	4	
CRAFT WORKERS (SKILLED)					
OPERATIVES (SEMI-SKILLED)					
LABORERS (UNSKILLED)					
SERVICE]				
WORKERS					_
IWUKKERS	l i				
D. TOTAL					

Federal Communicat	iona Commission		A		FOR FCC U			
Washington, D.C. 20554			Approved 3060-0390 (A	l by OMB pril 2000)				<u>G</u>
		· · · · · · · · · · · · · · · · · · ·	*	·	<u> </u>			
BROADCA	ST STAT	ION ANNUA REPORT	AL EMPLOYM	ENT			·	
SECTION I								
Legal Name of the								
KLSQ-AM LICE Mailing Address				·	,			
200 EAST BASS								
City				State	or Country	y (if foreign	Zip Co	le
SAN ANTONIO		<u> </u>		addre TX		•	78209	
Telephone Numb 2108222828	er (include ar	rea code)		E-Ma	ail Address	s (if available)		
			cility ID Number 694	****	Cal KL	l Sign SQ		
SECTION II				<u> </u>				
A. TYPE OF RESPONDENT			roadcast Station			Broadcast Station		dquarters
KESPONDENI	•	© Radio C TV		44	ucational I			HQ
		C Low Power	. TO S. T.	Eq.	ucational 1	ľV		
		C Internations						
stations which sh [Stations Location		re employees.						
AND THE PERSON OF THE PERSON O			Station Li	ist				
List call sign and which share one			employees are on th	is report	t. This sho	uld include common	nly owne	d stations
Call Sign		D Number	Ty	pe			ation	
			(check appli	cable bo	ox)	(City/	State)	
KLSQ	36	694	© AM O	FM 🗘	TV	EAST LAS	VEGAS,	NV
						•		
<u></u>	<u> </u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	************************************	***********	****************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		***************************************
CECTION TIL	<u>-</u>							
SECTION III A. PAYROLL P	ERIOD COV	ERED BY THIS	REPORT (DATE)	9/30/20)00			
B. CHECK APP			ALL VILL (DAIL)	2130120		·		
			ployment unit durin	g the se	lected navi	roll period (Comple	te nege s	ne only
and certificat	<u>ion statement</u>	and return to F	CC)					-
Five or more	full-time emp	oloyees in emplo	yment unit during t	he selec	ted payroll	period (Complete	all section	ns of form
and certificat	ion statement	and return to Fo	CC)			-		

SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT

(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Signed	Print Name RICK WOLF
Title VP, CORPORATE COUNSEL	Telephone No. (include area code) 210-832-33
Date 11/15/2000	210-032-33
SECTION V EMPLOYEE DATA	
A. FULL-TIME PAID EMPLOYEE DATA [Full-Time Paid Employee Data]	
B. PART-TIME PAID EMPLOYEE DATA	·
[Part-Time Paid Employee Data]	
[Part-Time Paid Employee Data]	
	itional Information [Exhibit 1]

	<u>W</u>		<u></u>				برداد والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع و
Federal Communicatio Washington, D.C. 205			Approved 1 3060-0390 (Api	y OMB il 2000)	FOR FCC USE ONLY CODE NO.B395B	- 2000111	6AFA
BROADCAS	ST STATION A REPO		EMPLOYME	NT			
CECTIONI							
SECTION I Legal Name of the					· · · · · · · · · · · · · · · · · · ·		
CITICASTERS C Mailing Address	<u> </u>						
200 EAST BASSI	ERD						
City SAN ANTONIO				State addre TX	or Country (if foreess)	ign	Zip Code 78209 - 8328
Telephone Numbe 2108222828	r (include area code)			ail Address (if avai	lable)	<u></u>
		Facility 51514	ID Number		Call Sign KOGO		
SECTION II				<i>`</i>			
A. TYPE OF Commercial Broadca RESPONDENT: Radio TV C Low Power TV International			ast Station	Noncommercial Broadcast Station C Educational Radio C Educational TV Headquar C HQ			Headquarters O HQ
	d location of all stat re one or more empl			***************************************			
			Station Lis	t			
List call sign and I which share one or	ocation of all station	s those empl	oyees are on this	report	. This should include	ie commoni	y owned stations
Call Sign	Facility ID N	umber	(check	Type applica	able box)		ocation ty/State)
KPOP	34452		© AM	C FI	M C TV	SANI	DIEGO, CA
Call Sign	Facility ID N	umber	(check	Type applica	able box)		ocation ty/State)
KSDO	51166		⊗ AM	(C FI	M C TV	SAN I	DIEGO, CA
Call Sign	Facility ID N	ımber	(check	Type applica	able box)		ocation ty/State)
KGB	34454		CAM	(F	M O TV		DIEGO, CA
Call Sign	Facility ID N	umber	(chec	Typ k appli	oe cable box)		ocation ity/State)
, <u> </u>							

KHTS	20697	C AM © FM C TV	EL CAJON, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KIOZ	13504	C AM © FM C TV	SAN DIEGO, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KJQY	58821	C AM © FM C TV	SAN DIEGO, CA
C va:	E TA ID M. I	T	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLNV	51515	C AM © FM C TV	SAN DIEGO, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLQV	51164	C AM © FM C TV	SAN DIEGO, CA
			<u> </u>
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KMSX	67664	C AM © FM C TV	CARLSBAD, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KPLN	59816	C AM © FM C TV	SAN DIEGO, CA
			1
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KYXY	51671	O AM ® FM O TV	SAN DIEGO, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KOGO	51514	© AM O FM O TV	SAN DIEGO, CA

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000

B. CHECK APPLICABLE BOX

Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)

Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

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(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name RICK WOLF
Title VP, CORP COUNSEL	Telephone No. (include area code) 2108323322
Date 11/15/2000	

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA

[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA

	MALE								
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)		
	OFFICIALS & MANAGERS	37	22		1		_		
2.	PROFESSIONALS	72	49	2	6	1			
3.	TECHNICIANS	32	23	3	3	11	J		
	SALES WORKERS	70	33	1	3				
	OFFICE & CLERICAL	48	8	2	2		1		
	CRAFT WORKERS (SKILLED)								
	OPERATIVES (SEMI-SKILLED)								
	LABORERS (UNSKILLED)		-	·					
	SERVICE WORKERS								
10.	TOTAL	259	135	8	15	2	i		

		FEMALE			" 	
	Job Categories	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	
	OFFICIALS & MANAGERS	10		2	2	
	PROFESSIONALS	10	1	1	1	1
3.	TECHNICIANS	2				
	SALES WORKERS	30		2		1
	OFFICE & CLERICAL	25	2	4	4	
6.	CRAFT WORKERS (SKILLED)					•
	OPERATIVES (SEMI-SKILLED)	}				
	LABORERS (UNSKILLED)	<u> </u>				İ
	SERVICE WORKERS				•	
10.	TOTAL	 77	3	9	7	2

B. PART-TIME PAID EMPLOYEE DATA

[Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

PART-TIME PAID EMPLOYEE DATA

	MALE									
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (8)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	PACIFIC	AMERICAN INDIAN, ALASKAN NATIVE (e)			
	OFFICIALS & MANAGERS									
2.	PROFESSIONALS	25	13	3	1	1				
3.	TECHNICIANS	30	21	2	2		İ			
	SALES WORKERS									
	OFFICE & CLERICAL	42	11	1	9	3	ļ			
	CRAFT WORKERS (SKILLED)									
	OPERATIVES (SEMI-SKILLED)						i 			
	LABORERS (UNSKILLED)	2	2				ļ			
	SERVICE WORKERS									

10.TOTAL	99	47	6	12	4	1
		FEMALE				
Job Categories		WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	INDIAN,
1. OFFICIALS & MANAGERS					•	<u> </u>
2. PROFESSIONALS		7				
3. TECHNICIANS		3	1	1]	
4. SALES WORKERS					-	
5. OFFICE & CLERICAL		14	1	1	2	
6. CRAFT WORKERS (SKILLED) 7. OPERATIVES (SEMI-SKILLED)	-					I
8. LABORERS (UNSKILLED) 9. SERVICE	-					
WORKERS	- i					
10.TOTAL		24	2	2	2	
			******************************			***************************************
		nal Information [
E xhihi te	***************************************	······································	***************************************	·····		